

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 7-16-01 through 3-4-02.
- b. The request was received on 7-16-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No Response noted in the dispute packet.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 8-6-02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: 7-16-02:
"There have been denials on multiple dates of service that are not consistent with TWCC guidelines and/or the services provided...To perform the services billed, ____ Maintained direct 1-on-1 physical, visual and verbal contact with the patient face to face, for 30-45- minutes. Electroauricular pain management is a very time intensive procedure that requires constant attendance and focus by the physician for the entire length of treatment (30-45 minutes).
2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 7-16-01 through 3-4-02.
2. No Response was noted from the Carrier in the dispute packet. The Provider has indicated (in a letter dated 7-16-02 to the Commission) that the disputed codes have been denied as 'Fair and Reasonable' and denied based on 'Peer review'. The Provider has also indicated in a letter dated 7-16-02, that a Request for Reconsideration was faxed to ____ on 6-13-02.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
7-10-01 7-23-01 8-16-01 8-23-01 2-18-02 3-4-02 2-18-02 3-4-02 2-18-02 3-4-02	97139-AC 97139-AC 97139.AC 97139.AC 97139-AC 97139-AC 97032 97032 99213 99213	\$96.00 \$96.00 \$96.00 \$96.00 \$96.00 \$96.00 \$66.00 \$66.00 \$48.00 \$48.00	\$70.00 \$70.00 \$70.00 \$70.00 \$-0- \$-0- \$-0- \$-0- \$-0- \$-0-	No EOBs for any of the dates in dispute	No MAR DOP \$22.00 for each 15 minute unit \$48.00	Texas Workers' Compensation Act & Rules 133.307 (g) (3) (B); CPT Descriptors	<p>The Provider did not supply a copy of any EOBs with the dispute packet. Additionally, the Provider has indicated in a letter to the Commission that the Carrier has denied the disputed services based on Fair and Reasonable and a peer review denials; however, the provider has failed to support this letter with copies of EOBs. It was also noted that no carrier response was in the dispute packet. Without credible evidence as to how the codes were denied, they will be reviewed as an "F" denial.</p> <p>When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. Also, Commission Rule 133.307 (g) (3) (B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute" be submitted. The Requestor has failed to supply any medical documentation to support the services as billed.</p> <p>Therefore, no additional reimbursement is recommended.</p>
Totals		\$804.00	\$280.00				The Requestor is not entitled to reimbursement

MDR: M4-02-4513-01

The above Findings and Decision are hereby issued this 11th day of December 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/l